

Local Members' Interest
N/A

## **Healthy Staffordshire Select Committee - Monday 10 June 2019**

### **Adult Learning Disability Community Offer 2022:**

#### **Day Opportunities for Adults with a Learning Disability and/or Autism**

#### **Staffordshire County Council Learning Disability Services (direct provision)**

#### **Recommendations**

The Cabinet Member for Health, Care and Wellbeing recommends that the Healthy Staffordshire Select Committee:

- a. Considers the engagement feedback received from all key stakeholders about the future options for the delivery of day opportunities for Adults with a Learning Disability and/or Autism;
- b. Endorses the recommendations for the future options for the delivery of day opportunities for Adults with a Learning Disability and/or Autism;
- c. Endorses the recommendation for development of an evidence-based options appraisal for the future delivery of directly provided Learning Disability services, including engagement with impacted key stakeholders, thus determining the councils position in the marketplace.

#### **Report of Cllr Alan White, Cabinet Member for Health, Care and Wellbeing**

#### **Summary**

#### **What is the Select Committee being asked to do and why?**

1. The Healthy Staffordshire Select Committee is being asked to endorse:
  - a. The following recommendations for the future of Day Opportunities for Adults with a Learning Disability and/or Autism, following consideration of the feedback, in advance of a recommendation to Cabinet on 19 June 2019:
    - i. The council continues to provide building-based day opportunities for adults with complex needs;
    - ii. The council further considers the re-design of the current building-based day opportunities, taking into consideration local needs and the future of other directly provided Learning Disability services;
    - iii. The council introduces a contracting arrangement with the independent marketplace (Dynamic Purchasing System) with a range of rates payable to meet assessed eligible care and support needs;

- b. The recommendation for development of an evidence-based options appraisal for the future delivery of directly provided Learning Disability services, including engagement with impacted key stakeholders, thus determining the councils position in the marketplace.

## **Report**

### **Background**

1. The Healthy Staffordshire Select Committee is being asked to consider the draft June 2019 Cabinet paper which sets out recommendations for the future of day opportunities for adults with a learning disability and/or autism.
2. Comments made by the Healthy Staffordshire Select Committee will inform the final paper and the decision by Cabinet

### **Link to Strategic Plan –**

The Programme links with the following:

- a. Leading for a Connected Staffordshire: The County Council Strategic Plan 2018-2022;
- b. The Health & Care plan for Staffordshire County Council;

### **Link to Other Overview and Scrutiny Activity**

The Programme links with the following:

- a. The Whole Life Disability Strategy

**Community Impact –** *See associated documentation*

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**Cabinet Meeting on Wednesday 19 June 2019**

**Adult Learning Disability Community Offer 2022 Programme:**

**(a) Day Opportunities for Adults with a Learning Disability and / or Autism**

**(b) The future of Staffordshire County Council directly provided Learning Disability Services**

**Feedback of Engagement**

**Cllr Alan White, Deputy Leader and Cabinet Member for Health, Care and Wellbeing said,**

“In January 2019, we undertook extensive consultation with people with a learning disability and autism, asking them their opinions about the options for building based day services as part of our Adult Learning Disability Community Offer. We wanted their opinions on what currently works, and how services could potentially work in the future. More than 300 people responded, and from the feedback we gained, it became clear that our community offer needs to change so they are fit for the future.

“We want to redesign the day services the council provides for people with complex needs and work better with the independent marketplace, so we can ensure people’s eligible care and support needs are being met. This means looking at the options available to us to design services that really make a difference to people’s lives, helps them achieve the independence they have told us they want, and prevents the need for long-term reliance on social care services.”

**Report Summary:**

The purpose of Staffordshire’s Adult Learning Disability Community Offer 2022 Programme is to establish the assessed eligible care and support needs of adults with a learning disability and/or autism and ensure that there are appropriate and sustainable services across the county to meet them. The programme includes consideration the future of day opportunities for adults with a learning disability and / or autism.

In January 2019, Cabinet considered the issues and a range of options for building based day opportunities for Adults with a Learning Disability and / or Autism and resolved to commence proportionate further engagement with key stakeholders and consider the outcome of this engagement in April 2019.

This engagement has now been completed and the feedback has been used to inform further analysis of the options, and recommendations of preferred options.

In addition, this paper will provide an overview of the remaining Learning Disability Services that are currently provided by Staffordshire County Council and our externally commissioned respite service, whose contract is due to expire on 31<sup>st</sup> March 2020.

## Recommendations

I recommend that Cabinet:

In respect of Building Based Day Opportunities:

- a. Considers the proposed options and outcome of further engagement for building based day opportunities for adults with a learning disability and / or autism.
- b. Approves the redesign of day services for people with complex needs building based day opportunities, directly provided by the Council, ensuring they are consistent with peoples assessed eligible care and support needs.
- c. Approves the development of a contracting arrangement under the Light Touch Regime (in accordance with Public Contract Regulations 2015) for building based day opportunities from the independent marketplace, and the decision to proceed with these contracting mechanisms be delegated to the Cabinet Member for Health, Care and Wellbeing in conjunction with the Director of health and Care and the Director of Corporate Services.
- d. Approves the development of a pricing strategy for the purchase of building based day opportunities from the independent marketplace (including a period of engagement with key stakeholders as appropriate), and the decision to introduce a pricing strategy be delegated to the Cabinet Member for Health, Care and Wellbeing in conjunction with the Director of health and Care and the Director of Corporate Services.

In respect of all Learning Disability Services directly provided by the Council:

- e. Approves the development of an evidence based options appraisal to consider the future operating model of all Learning Disability services currently directly provided by the Council.
- f. Requests the evidence based options appraisal is presented to Cabinet in September 2019.

<b>Local Members Interest</b>
N/A

## **Cabinet – Wednesday 19 June 2019**

### **Adult Learning Disability Community Offer 2022 Programme:**

**(a) Day Opportunities for Adults with a Learning Disability and / or Autism**

**(b) The future of Staffordshire County Council directly provided Learning Disability Services**

### **Recommendations of the Deputy Leader and Cabinet Member for Health, Care and Wellbeing**

I recommend that Cabinet:

In respect of Building Based Day Opportunities:

- a. Considers the proposed options and outcome of further engagement for building based day opportunities for adults with a learning disability and / or autism.
- b. Approves the redesign of day services for people with complex needs building based day opportunities, directly provided by the Council, ensuring they are consistent with peoples assessed eligible care and support needs.
- c. Approves the development of a contracting arrangement under the Light Touch Regime (in accordance with Public Contract Regulations 2015) for building based day opportunities from the independent marketplace, and the decision to proceed with these contracting mechanisms be delegated to the Cabinet Member for Health, Care and Wellbeing in conjunction with the Director of health and Care and the Director of Corporate Services.
- d. Approves the development of a pricing strategy for the purchase of building based day opportunities from the independent marketplace (including a period of engagement with key stakeholders as appropriate), and the decision to introduce a pricing strategy be delegated to the Cabinet Member for Health, Care and Wellbeing in conjunction with the Director of health and Care and the Director of Corporate Services.

In respect of all Learning Disability Services directly provided by the Council:

- e. Approves the development of an evidence based options appraisal to consider the future operating model of all Learning Disability services currently directly provided by the Council.
- f. Requests the evidence based options appraisal is presented to Cabinet in September 2019.

### **Report of the Director of Health and Care**

## Reasons for Recommendations:

### Adult Learning Disability Community Offer 2022 Programme

1. The purpose of Staffordshire's Adult Learning Disability Community Offer 2022 Programme is to establish the assessed eligible care and support needs of adults with a learning disability and / or autism and ensure that there are appropriate and sustainable services across the county to meet them.
2. The programme will also support people to maximise their independence, in line with Staffordshire's Whole Life Disability Strategy and the Council's vision for Health & Care.
3. In July 2018, Cabinet agreed the vision, scope and approach of the programme. The scope of the programme includes:
  - a. Building based day opportunities for adults with a learning disability and/or autism – including directly provided services from Staffordshire County Council for adults with complex needs and services provided by the independent market;
  - b. Building based respite for adults with a learning disability and/or autism -including directly provided services from Staffordshire County Council and services commissioned from the independent market;
  - c. Other directly provided services:
    - i. Horninglow Bungalows - Supported Living
    - ii. Hawthorn House – Residential Care
    - iii. Greenfields – Residential Care
  - d. Carers services.
4. The approach being taken is:
  - a. Understanding the needs and demands of the people in the scope of the Programme;
  - b. Understanding the current market for services;
  - c. Engagement and consultation with key stakeholders as appropriate; and
  - d. An options appraisal based on the above.
5. The outcomes to be achieved by the programme are:
  - a. To take into account the feedback received from key stakeholders to strengthen and improve opportunities to meet assessed eligible care and support needs and outcomes, ensuring we continue to gather meaningful feedback and engagement;

- b. To ensure 'The Offer' is fair, transparent, sustainable and proportionate to meet assessed eligible care and support needs (as per the Care Act 2014) – promoting choice and control, but not at any cost;
- c. To maintain and strengthen the quality of support, establishing clear contracting mechanisms, with proportionate quality monitoring / assurance;
- d. To address the difference in price paid for the provision of services, ensuring a sustainable and fair marketplace;
- e. To support people and services to shift from community presence to genuine community inclusion; and
- f. To contribute towards the £3.7million savings required for the Medium Term Financial Strategy (by 2021/22). Note that these savings are across the full scope of the programme, not just in day opportunities for adults with a learning disability and / or autism.

**Building based day opportunities for Adults with a Learning Disability and / or Autism.**

- 6. Building based day opportunities are not required to be registered with CQC.
- 7. Building based day opportunities for adults with a learning disability and/or autism include services directly provided by the Council for adults with complex needs, and services externally commissioned from the independent market. A summary of activity and expenditure in building based day opportunities is shown in Table 1. More detail was presented previously in the 16 January 2019 Cabinet report

**Table 1: building based day opportunities expenditure**

<b>Service</b>	<b>Number of people</b>	<b>Total expenditure (per year)</b>
Directly provided services for adults with complex needs	62 approx. (Staffordshire Residents)	£2.7 million
Services provided by the independent market (Predominantly non-complex)	469 approx.	£5.8 million

- 8. The January 2019 Cabinet report highlighted a number of issues with day opportunities for adults with a learning disability and / or autism, most notably that the pathway following an assessment of need, including the subsequent service offer, is neither consistent or clear for either directly provided services or services commissioned from the independent market
- 9. For directly provided services for adults with complex needs:

- a. Services are nearing capacity due to either constraint of the workforce and / or the building;
  - b. There is an ageing staff cohort – meaning there will be a recruitment and training consideration in future to keep the services operational
  - c. Compatibility of needs, when considering new referrals, is more difficult to achieve because of the constraints of the building and / or the workforce;
  - d. The equipment used will require significant financial investment.
10. For services commissioned from the independent market:
- a. The Council currently pays between £25 to £325 per person per day, with the price not commensurate to the level of need or the quality of the service;
  - b. There are no contractual or quality monitoring arrangements in operation.
11. On 16 January 2019 Cabinet considered a range of options for day opportunities for adults with a learning disability and / or autism and noted the comments and recommendations made by the Healthy Select Committee on 03 December 2018. Cabinet resolved to commence proportionate further engagement with key stakeholders and consider the outcome of this engagement in April 2019.
12. This approach was delayed until June 2019 to ensure the careful consideration of the high level of feedback received and to allow the Healthy Staffordshire Select Committee consider the outcome of the engagement and subsequent proposals.

### Further engagement

13. In the wake of the 16 January Cabinet decision, further engagement with key stakeholders commenced on 28 January 2019 and concluded on 15 March 2019. In addition to this engagement, the Council has continued work to detail needs and demand for services as well as the supply from the independent market.
14. Engagement activity is summarised in Table 2.

**Table 2: summary of engagement activity**

<b>Engagement activity</b>	<b>No. of responses / attendees</b>
Complex Needs Staff Session	67
Locality Drop in events (x8) – open to all key stakeholders	83
User Forum / Group visits	75
Independent Market Provider Session	16
1:1 Telephone Conversations	16
Written submissions (post or email)	17
Citizen Space Survey Portal – individual survey for users/carers, SCC employees and providers	84
<b>TOTAL</b>	<b>358*</b>

*\*The figures are responses received for each activity: a number of stakeholders may have submitted several responses through different activities. Therefore, the*

*unique number of responses is estimated at 275 (due to being able to submit responses anonymously).*

15. In general stakeholders commented positively about the approach of the Programme including the openness of approach and the number of opportunities to engage. A few key stakeholders commented that they had found the options difficult to understand. A small number commented that the engagement was likely tokenistic with no impact on the final decision.
16. Common themes echoed those from previous engagement, including:
  - a. The provision of day opportunities is critical to the health and wellbeing of both the people who directly attend these services and their carers, acting as a form of carer relief / respite;
  - b. Without the provision of these services, it may not be possible for a number of people in the cohort to remain living with the relatives – thus requiring increased care and support in alternative accommodation settings, thus at a higher cost to the Council; and
  - c. People who use services and their carers are concerned about service closure or reduction, with a strong desire for longevity and security of arrangements.
17. Predominantly, the majority of people using services and their carers were happy with the current care and support they received; however service improvements suggested included:
  - a. Clarity about what is included in their care and support package what any provider is required to deliver (i.e. a Service Specification);
  - b. Equity and consistency across the board in respect of personal financial contributions and transport arrangements;
  - c. Greater consideration of compatibility of needs, particularly in respect of those with 'complex needs' and communication difficulties; and
  - d. Greater variety in terms of meaningful activities and occupation (and flexibility of operation).

### **Directly provided services for adults with complex needs**

18. Five options were presented for consideration. Feedback is summarised below with further details included at Appendix 1.
19. **Option 1: maintain the status quo.** The Council would continue to own and operate the complex needs service as is, without significant change.
  - a. This option had broad support – particularly from carers whose relatives access the service and are concerned about the impact of change on wellbeing.

- b. A number of respondents highlighted risks including sustainability of the workforce (given that it is ageing) and the quality of some of the estate. They also noted the absence of a clear service charter and concerns about a repeat of such exercises in future.
  - c. A number of respondents noted this option created a risk that the services were not consistent with people's needs, and that the services are not very visible to new users (with limited consideration of future needs and demand).
20. **Option 2: increase capacity.** The Council would continue to own and operate complex needs services and would:
- a. Utilise the current existing 'vacancies' across the services; and
  - b. Consider increasing up to a maximum of 90 people (including current attendees) as per the current mapped needs.
21. This option also had broad support – particularly from carers whose relatives currently attend the service and wish to increase their attendance but are unable to do so due to current capacity and from carers who felt their relatives would benefit from such a provision. As per Option 1, some carers of current attendees were concerned about the impact of change – however the service feels that any change could be positively managed for the current attendees, but consideration of compatibility and service delivery model is key.
22. As per Option 1, a number of respondents highlighted risks in respect of the service charter, sustainability of the workforce and quality of the estate, with 2 services not being able to increase their capacity currently.
23. A number of respondents noted this option removed the risk that the services were not consistent with people's needs and would be accessible to meet the needs of new / future users.
24. **Option 3: redesign and/or explore alternative delivery model.** The Council would redesign the current complex needs services and consider alternative ways to deliver the service including Local Authority Trading Company, Community Interest Company, or Mutual Co-operative.
- a. As per the January Cabinet paper, this option would likely take into consideration increasing capacity of the service (as per option 2).
  - b. This option also had broad support – with both positives and concerns / risks voiced as per option 1 and 2 remaining pertinent.
  - c. A number of respondents highlighted potential benefits including a clear service charter, an equitable footing in the marketplace with greater visibility of the services, facilitating expansion, as well as greater autonomy for staff.

- d. A number of respondents asked for further information about the alternative ways to deliver a service to aid their understanding and what this specifically meant for them.
25. **Option 4: decrease capacity.** The Council would continue to own and operate the complex needs services and decrease capacity.
- a. This option did not have broad support – with carers of relatives who currently attend the services expressing concern that the previous design of services and current service charter was neither clear, transparent or equitable in its application and were worried this option could result in future closure.
  - b. The principle concern of a number of respondents was the ability of the independent market to be able to meet the needs of people with complex needs.
  - c. Current providers who can support people with complex' needs, have either limited or no capacity to increase the number of people they support due to the size and facilities of their buildings and ideally would be seeking investment from SCC (either capital or in the provision of accommodation) in order to meet these needs – with expressions of interest comparatively limited.
26. **Option 5: cease direct provision.** The Council would cease to directly provide complex needs day services and would instead source these services from the independent market.
- a. This option was not supported – with carers of relatives who currently attend the services expressing concern about the ability of the independent marketplace to meet the needs of people with complex needs. A number noted this option would likely mean their relative could not remain living in the family home with them, as they were concerned the loss of quality care would impact on their own caring role.
  - b. As per Option 4, the current independent marketplace noted their limited capacity and requirement for investment from the Council, with expressions of interest comparatively limited.
27. Having taken into account this feedback, and consideration that the services in their current format are not sustainable in the medium / long term, the recommendation is to pursue a combination of Options 2 and 3. These are the options that have the greatest potential achieve to achieve the programme outcomes, based on a full analysis as set out in Appendix 2.
28. The services would be redesigned to ensure that they were consistent with people's assessed eligible care and support needs, with a clear service charter to reflect these needs and to make the offer clear to current and new users. Other changes would be considered including: increased capacity; revised operating times; the potential for synergies with other learning disability services directly provided by the Council; and the support these service could give to other services - e.g. training.
29. The services could either be directly provided by the county council, or provided through a Local Authority Trading Company, along with other Learning Disability

Services. The merits of these two options would be considered through a further evidence based options appraisal, with a recommendation considered by Cabinet in September 2019

### **Services commissioned from the independent market**

30. Two options were presented for consideration. Feedback is summarised below with further details included at Appendix 3.
31. **Option 1: maintain the status quo.** SCC would continue to work with the independent marketplace 'as is' with no significant change.
  - a. There was some support for specific aspects of this option – primarily from carers whose relatives attended these services who were worried about the impact of change on the provision of services.
  - b. However, a number of respondents highlighted a range of issues with current arrangements, including but not limited to:
    - i. Lack of clarity and consistency of the service offer – including referrals, sharing information about local providers and personal financial contributions;
    - ii. Rates are not reflective of need and/or quality, fair or equitable in all cases;
    - iii. There is no regulatory oversight
  - c. In addition, this option is not wholly compliant with the Care Act, as the Council is not wholly ensuring, to the best of their ability, there is a sustainable marketplace in operation.
32. **Option 2: introduce rates and proportionate contracting.** The Council would devise and implement a clear service specification which would include a formal procurement process, contracting and quality assurance arrangements.
33. There was some support for of this option, with benefits highlighting including:
  - a. Quality monitoring and oversight;
  - b. Equity of referrals / all providers having the opportunity of considering new business;
  - c. Fairness and equity across the marketplace; and
  - d. Clarity of service offer (and accountability).
34. However, a number of respondents highlighted some concerns about this option:
  - a. Rates may not be sustainable for providers or representative of needs;
  - b. Concerns about reduction in customer choice;
  - c. Compromising autonomy and creativity of providers – thus negatively impacting attendees; and
  - d. Onerous processes in respect of procurement and contracting (including monitoring arrangements).

35. Having taken into account this feedback the recommendation is to pursue Option 2 as this has the greatest potential to achieve the programme outcomes, based on a full analysis as set out in Appendix 4.
36. A Service Specification, to underpin our contractual arrangements with the independent marketplace, will be developed (in co-production) to:
- Ensure there is a fair, clear and consistent offer for everybody who uses these services (including existing users and new users);
  - Reflect users assessed eligible care and support needs;
  - Promotes the choice and control of the user (as far as possible);
  - Minimise bureaucracy (as far as possible) for all key stakeholders from the point of assessment onwards; and
  - Further develop a competitive, sustainable marketplace.
37. Contractual Arrangements under the Light Touch Regime (in accordance with Public Contract Regulations 2015) will be developed – taking into consideration the feedback received from respondents during engagement.
38. A pricing strategy will be developed taking into consideration the feedback received from respondents during engagement – including setting a range of rates to meet eligible needs. These are likely to be a minimum of:
- Low Needs: £30 per day
  - Medium Needs: £49 per day
  - High Needs: £58 per day
39. In addition, the pricing strategy will consider the amount payable for persons who are eligible to receive support with transport.
40. If a user is not eligible in respect of transport, the Provider will be entitled to enter into a private arrangement with the user (if requested by the user).

**Other services directly provided by the Council for adults with a learning disability and/or autism and respite services commissioned from the independent market**

41. These services are summarised in Table 3.

**Table 3: services directly provided by the Council for adults with a learning disability and/or autism and respite services commissioned from the independent market**

Service	Service Type	Provider	Location	Number of users	Cost (annual revenue)
Douglas Rd	Residential respite	County Council	Newcastle	13 beds	£1.1 million
Woodland View	Residential respite	Lifeways	Cannock	10 beds	£1.1 million

Silverbirch	Residential respite	Lifeways	East Staffs	5 beds	
Hawthorn House	Residential care	County Council	Lichfield	18	£1.8 million
Greenfields	Residential care	County Council	Moorlands	9	£1.1 million
Horninglow Bungalows	Supported Living	County Council	East Staffs	15	£0.9 million

## Residential respite

42. The Council provides residential respite from Douglas Road in Newcastle. This 13 bed home is rated 'good' by the Care Quality Commission. The estate is in a fairly good state of repair, however due to the increased complexity of need of users the downstairs of the accommodation is oversubscribed with the upstairs significantly underutilised, with this position predicted to worsen.
43. There are currently high staff sickness levels in this service which is threatening its viability. Historically, there has been some speculation about whether the Council would continue to provide this service which may have contributed to the sickness levels.
44. The Council commissions Lifeways to provide residential respite from Woodland View and Silverbirch. Both services are rated 'good' by the Care Quality Commission. The contracts are due to expire on 31 March 2020. The beds are block booked but appear to be underutilised.
45. Both Douglas Road and Lifeways report the following issues / concerns:
- Services are 'weekend heavy', affecting their staffing and capacity; and
  - Services are underutilised during the week day – with a number of attendees still accessing their day opportunity; thus meaning the Council is in effect 'double funding' on such occasions.
46. Initial feedback from respondents notes that the quality of support is variable and there appears to be disparity in the utilisation and expectations across the two providers.

## Hawthorn House

47. Hawthorn House is a residential care home. The service is rated 'good' by Care Quality Commission, however due to the poor state of repair of the estate it is unlikely to achieve 'outstanding'.
48. The service is registered to accommodate 29 residents – however the property could not accommodate this number in its current condition, nor is it staffed to this level.
49. There are currently 18 residents (aged 45 – 87 yrs old) accommodated across two buildings, thus requiring high staffing ratios. The Adult Learning Disability Team

have confirmed that the majority of residents will likely require ongoing residential care:

- a. The bottom house accommodates 12 residents – whose needs are predominantly complex physical health needs; and
  - b. The top house accommodates 6 residents – whose needs are predominantly 'behaviours that may challenge'.
50. The 2007 Cabinet decision to reprovide this service remains live. Carers / relatives of the residents and staff in the service are frustrated with the duration of the process thus far and are anxious about the independent market's ability to provide quality care and support.

### **Greenfields**

51. Greenfields is a residential care home. The service is rated 'good' by Care Quality Commission. The estate is in a good state of repair, however there is limited scope for change / improvements due to the position and size of land – situated between two schools.
52. The service is registered to accommodate 10 residents.
53. There are currently 9 residents (aged 46 – 68 yrs old) accommodated in a single building. Support is predominantly in relation to 'behaviours that challenge', however increasing support is being provided in relation to physical needs. Further discussions are required in respect of the required future models of care and support.
54. The 2007 Cabinet decision to reprovide this service remains live. Carers / relatives of the residents are frustrated with the duration of the process thus far and are anxious about the independent market's ability to provide quality care and support.

### **Horninglow Bungalow**

55. Horninglow Bungalows is a Supported Living Scheme. The service is incorrectly registered with the Care Quality Commission as a 'Homecare Agency' – however it is rated 'good'. The buildings are owned by Midland Heart
56. The service can accommodate a maximum of 16 tenants across 3 bungalows, depending on need and compatibility. 15 tenants (aged 34 – 81 yrs old) are currently accommodated with one vacancy.
57. There are currently high staff sickness levels in this service meaning a high usage of agency staff.
58. There has historically been a speculation about whether the Council will continue to provide the service.

### **Common themes in services directly provided by the Council**

59. Across the four sites the following common themes have been identified:
- a. The workforce is ageing with over half of the workforce is aged over 55;
  - b. There are higher than Council average sickness levels;
  - c. Services are typically not 'digital by default' – with poor ICT equipment and connectivity;
  - d. The buildings are not appropriate to people's needs and/or are in a poor state of repair.
60. Taken together these issues mean that the services are not sustainable in their current form.
61. Analysis to date suggests that the independent market:
- a. Is unlikely to be able to offer residential respite for people with complex needs at the required levels of capacity as a viable alternative (including consideration of a sustainable cost) to provision by the Council (either directly or through a Local Authority Trading Company);
  - b. Is unlikely to be able to offer residential care for people with complex needs in specific areas of the county (including consideration of a sustainable cost) to provision by the Council (either directly or through a Local Authority Trading Company);
  - c. Is better developed in respect of Supported Living and more likely to be able to offer a viable alternative to provision by the Council.
62. The recommendation therefore is to develop and evaluate options for the future of all services for adults with a learning disability and/or autism directly provided by the Council. This evaluation will include consideration of:
- a. the state of the market – further exploring the comments detailed in point 61;
  - b. the potential for synergies by closer working between services;
  - c. and options for future provision including direct provision by the Council or provision through a Local Authority Trading Company.
63. The Council would engage with users, carers and staff on these options, and bring the outcome along with recommendations to Cabinet in September 2019.

### **Scrutiny Feedback**

**Scrutiny Approach – 10<sup>th</sup> June 2019. Please note, this paper may be subject to change following presentation to Healthy Staffordshire Select Committee.**

### **List of Appendices:**

Appendix 1 – ALD Community Offer 2022 Appendix 1 Summary of Engagement on services directly provided by SCC

Appendix 2 - ALD Community Offer 2022 Appendix 2 Complex Needs Service Options Achievement of Outcomes

Appendix 3 - ALD Community Offer 2022 Appendix 3 Summary of Engagement on services provided by the independent marketplace

Appendix 4 - ALD Community Offer 2022 Appendix 4 Independent Marketplace Options Achievement of outcomes

Community Impact Assessment and Executive Summary

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## Appendix 1: specific feedback about options for directly provided services for adults with complex needs

<p><b>Option 1: Maintain the status quo.</b> The Council would continue to own and operate the complex needs service as is, without significant change.</p>	<ul style="list-style-type: none"> <li>• The majority of stakeholders commented that they felt this was a viable / highly desirable option as it would enable the continued delivery of a high-quality service to individuals with complex needs, with minimal disruption. A number of key stakeholder said “if it isn’t broke, then don’t fix it”.</li> <li>• The majority of key stakeholders commented the most critical factor is to maintain the current skilled and knowledgeable staff cohort. Subsequently, a number of respondents noted whilst this option granted job security, it was recognised there is an ageing staff cohort and there are currently recruitment and retention issues across the frontline of health and social care, with the cost for the provision of training is significantly increasing.</li> <li>• The majority of staff commented that they did not feel this service was used in a consistent manner across the county, noting they did not appear to have an equitable footing in the marketplace and visibility / awareness of the services was low, which made some ‘worry about the future’. In addition, a number went on to comment about the current ‘service charter’ not being accurate or representative of their services.</li> <li>• A number of key stakeholders commented that not all current buildings, equipment and resources were in a ‘fit state’ and would likely require significant financial investment.</li> <li>• A few key stakeholders commented that they felt not all current attendees were compatible in terms of communication and / or need – this could be impacted upon further by the design / layout of the building.</li> <li>• The majority of key stakeholders felt it would be positive for the Council to sustain a position in the marketplace.</li> </ul>
<p><b>Option 2: increase capacity.</b> The Council would continue to own and operate complex needs services and would increase capacity to accommodate up to 90 people who have complex needs.</p>	<ul style="list-style-type: none"> <li>• The majority of key stakeholders commented that they felt this would be a viable / desirable option as it would enable the continued delivery of a high-quality service to those who currently attend the service, and an increased number of individuals.</li> <li>• A number of key stakeholders commented that small services offer a more personalised experience and thus are concerned about services growing too large. The priority is to maintain the current quality of service and ensure compatibility of attendees.</li> <li>• A number of staff suggested either the operation of a number of ‘smaller services’ or using buildings that enabled smaller groups to operate independently of one another would be beneficial. A few carers noted that they would be concerned about the impact any level of change could have on their relative.</li> <li>• A number of key stakeholders commented this option would be positive in terms of future needs and demand.</li> <li>• As per option 1, the majority of key stakeholders commented on the current staff cohort and need to maintain them. This option would offer job security and increased employment opportunities, however the previous comments about recruitment and retention of appropriately skilled and trained staff remains prevalent when considering this option. A few key stakeholders queried if SCC has the desire and financial capacity to invest in increased staffing resources.</li> <li>• As per Option 1, there were concerns from staff about the visibility, utilisation and equity of the service in the marketplace remain prevalent – it would be critical to address this issue and revise of the current Service Charter for this option to be successful.</li> <li>• A number of key stakeholders commented that not all current buildings, including equipment and resources, were fit for purpose / would be able to accommodate increased number of attendees, thus potentially requiring a level of change. As</li> </ul>

	<p>per Option 1, a few key stakeholders questioned whether the Council had alternative buildings that could be used and the financial capacity to invest further, as required.</p> <ul style="list-style-type: none"> <li>The majority of key stakeholders felt it would be positive for SCC to both sustain and strengthen their position in the marketplace, particularly in respect of complex needs and in cases of crisis (including individual crisis and provider failure).</li> </ul>
<p><b>Option 3: redesign and/or explore alternative delivery model.</b> The Council would redesign the current complex needs services and consider alternative ways to deliver the service including Local Authority Trading Company, Community Interest Company, or Mutual Co-operative.</p>	<ul style="list-style-type: none"> <li>The majority of key stakeholders commented that they felt this would be a viable option as it would enable the continued delivery of a high-quality service to people who currently attend, and potentially an increased number of individuals.</li> <li>A number of key stakeholders commented that small services offer a more personalised experienced and thus they may be concerned about services growing too large, with the priority being maintain the current quality of service and ensuring compatibility of attendees. As per option 2, the same suggestion about the use of smaller or portioned buildings and the impact of change on people who use services was made.</li> <li>A number of key stakeholders commented that this option would be positive in terms of future needs and demand.</li> <li>As per options 1 and 2, the majority of key stakeholders commented on the current staff cohort and need to maintain them; noting the positive impact on job security but concerns about recruitment and retention of skilled and trained staff. In addition, a number of staff queried the impact this would have their existing terms and conditions, noting that changes could impact negatively on staff morale.</li> <li>A number of key stakeholders commented that this option would likely effectively address previously iterated concerns about visibility and equity within the marketplace. If an LATC, the service might be able to join any contractual arrangement operated by the Council and 'bid' for new business.</li> <li>A number of key stakeholders commented that this option could consider a change in the operating hours, generating income, using alternative contractors for the provision of support services, development of a new service charter and give the service / staff greater autonomy, which would likely have a positive impact for users and carers.</li> <li>A number of key stakeholders commented that not all current buildings, including equipment and resources, were 'fit for purpose' / would be able to accommodate increased number of attendees, thus potentially requiring a level of change. There were questions about the availability of alternative buildings and the financial resources to invest, with some staff asking how the provision of buildings would work within an alternative delivery model.</li> <li>The majority of key stakeholders felt it would be positive for the Council to both sustain and strengthen their position in the market, particularly in respect of complex needs and in cases of a crisis (including individual crisis and provider failure). A few key stakeholders commented an alternative delivery model could generate further competition in the marketplace.</li> </ul>
<p><b>Option 4: decrease Capacity.</b> The Council would continue to own and operate the complex needs services and decrease capacity to current staffing and</p>	<ul style="list-style-type: none"> <li>The majority of key stakeholders commented they did not feel this option was viable / desirable, with a number noting they would actively challenge this option if implemented.</li> <li>A number of key stakeholders commented whilst this option would be beneficial for those who continued to receive the quality support from the current trained and skilled staff cohort, it would be highly detrimental to those who no longer continued to receive this support and 'short-sighted' in respect of future need.</li> <li>The majority of key stakeholders commented this would only provide job security for a number of staff and would likely negatively impact on staff morale.</li> <li>The majority of key stakeholders commented they felt this option would lead to the eventual closure of these services.</li> </ul>

<p>attendee levels, as a minimum.</p>	<ul style="list-style-type: none"> <li>• The majority of key stakeholders commented this option would likely lead to an increased number of crises, resulting in increased dependency on costly services.</li> <li>• A number of key stakeholders commented that whilst this may result in an immediate saving, it is likely expenditure would increase in the future in terms of individual care and support needs and a number of the existing 'overheads' would remain, including buildings and equipment.</li> <li>• A few key stakeholders commented this option would work well for people who prefer small settings; this could result in an increased personalised service offer.</li> <li>• A number of key stakeholders commented this would weaken SCC's position in the marketplace and increase reliance on the independent marketplace.</li> </ul>
<p><b>Option 5: cease direct provision.</b> The Council would cease to directly provide complex needs day services and would instead source these services from the independent market.</p>	<ul style="list-style-type: none"> <li>• The majority of key stakeholders commented this was their least favoured option, as it was neither viable or desirable, with the majority noting they would seek to challenge the implementation of this option.</li> <li>• The majority of key stakeholders commented this would negatively impact on both the health and wellbeing of the people attending services and their carers, with a few noting loss of these services would likely result in their relative being able to remain in the family home.</li> <li>• A number of key stakeholders commented should we undertake a 'like for like' exercise as per the previous Modernisation Programme, as per previous Cabinet papers submitted, SCC will likely incur increased expenditure.</li> <li>• A few key stakeholders noted when they had previously explored the independent marketplace to provide care and support to a person with complex needs, they had been unsuccessfully in finding a suitable option (due to complexity of need) and feared this would be experienced once again, with the independent marketplace not having the sufficient skillset and training. Some key stakeholders commented on their distrust of the independent marketplace.</li> <li>• A majority of key stakeholders commented this was 'short-sighted' both in respect of current and future needs / demand.</li> <li>• The majority of key stakeholder commented this would result in job losses, impacting on staff morale regardless of the 'reprovision' option explored.</li> <li>• A number of key stakeholders commented, SCC would no longer have a position in the marketplace which may negatively impact during times of crisis (both individual and in terms of the marketplace) due to a reduced number of options for consideration.</li> </ul>

**Appendix 2: potential ability of options for directly provided services for adults with complex needs to meet Programme outcomes**

Outcomes	Option 1: maintain the status quo.	Option 2: increase capacity.	Option 3: redesign and/or explore alternative delivery model.	Option 4: decrease capacity	Option 5: cease direct provision
To take into account the feedback received from key stakeholders to strengthen and improve opportunities to meet assessed eligible care and support needs and outcomes.	Yes. This option had broad support from key stakeholders.	Yes. This option had broad support from key stakeholders.	Yes. This option had broad support from key stakeholders.	No. This does not have broad support from key stakeholders.	No. This is not supported by key stakeholders.
To ensure 'The Offer' is fair, transparent, sustainable and proportionate to meet assessed eligible care and support needs.	No. The service charter is not clear and services may not be consistent with people's assessed eligible care and support needs.	Yes. A clear service charter would be developed to reflect these needs and to make the offer clear to current and new users.	Yes. A clear service charter would be developed to reflect these needs and to make the offer clear to current and new users.	No. There is limited capacity in the independent marketplace currently and there are concerns from carers / relatives about the quality of support.	No. There is limited capacity in the independent marketplace currently and there are concerns from carers / relatives about the quality of support. There was limited interest from the independent market.
To maintain and strengthen the quality of support, establishing clear contracting mechanisms, with proportionate quality monitoring / assurance.	No. Without a clear specification it is not possible to satisfactorily quality monitor / assure the services (implementing fair and equitable standards and treatment as per the independent market)	Yes. Quality assurance arrangements would be put in place based on the service charter.	Yes. Quality assurance arrangements would be put in place based on the service charter.	Yes. Formal arrangements for procurement, contracting and quality assurance could be put in place with the independent marketplace. Quality Assurance arrangements would be put in place based on the service charter.	Yes. Formal arrangements for procurement, contracting and quality assurance could be put in place.
To address the difference in price paid for the provision of services, ensuring a sustainable and fair marketplace.	No. The cost of services is not based on eligible needs and is an historical calculation.	Yes. The cost of services could be reviewed in the light of the service charter to ensure that it is proportionate to eligible needs.	Yes. The cost of services could be reviewed in the light of the service charter to ensure that it is proportionate to eligible needs.	Yes. Set rates could be introduced to reflect users assessed eligible care and support needs (see independent marketplace work). The cost of services could be reviewed in the light of the service charter to ensure that it is proportionate to eligible needs.	Yes. Set rates could be introduced to reflect users assessed eligible care and support needs (see independent marketplace work).
To support people and services to shift from community presence to genuine community inclusion.	Yes. The service would continue to support people to access the community – however it is noted there are variations in current practice.	Yes. A requirement to maximise community inclusion could be written into the service charter.	Yes. A requirement to maximise community inclusion could be written into the service charter.	No. There is limited capacity in the independent marketplace currently and there are concerns from carers / relatives about the quality of support.	No. There is limited capacity in the independent marketplace currently and there are concerns from carers / relatives about the quality of support.
To contribute towards the £3.7million savings required for the Medium Term Financial Strategy.	No. Without change no savings are possible.	Yes. More effective ways of delivery could be explored and an extension of the offer could reduce expenditure in the independent market.	Yes. More effective ways of delivery could be explored and an extension of the offer could reduce expenditure in the independent market.	No. It is not clear that the cost of services provided to people would represent value for money.	No. It is not clear that the cost of services provided to people would be lower in the independent market and the impact could increase expenditure i.e. crisis support.

### Appendix 3: specific feedback about options for services commissioned from the independent market

<p><b>Option 1: maintain the status quo.</b> SCC would continue to work with the independent marketplace 'as is' with no significant change.</p>	<ul style="list-style-type: none"> <li>• A number of key stakeholders commented this option would result in minimal disruption and change for people who use services, their carers and providers.</li> <li>• A majority of key stakeholders commented they believed the services were already subject to inspection, due to the fact they are providing support to 'vulnerable people' and the level of expenditure and were 'shocked' they were not. A few key stakeholders asked if quality standards could be introduced without contracts – whilst this would theoretically possible there would be no grounds from compliance.</li> <li>• A number of key stakeholders commented that the price charged and the type of activities should be designed and implemented by the provider, as opposed to the Council, which would continue within this option. Noting their concern involvement from the council ay negatively impact the offer.</li> <li>• A number of key stakeholders commented they did not understand the current price differentials in services (noting they were unclear if they were driven by complexity or quality).</li> <li>• A number of key stakeholders commented they did not feel the current inequity in respect of individuals financially contributing to various aspects of the day was fair and should not continue.</li> <li>• A few key stakeholders commented this would align to their business model / plan. And continue to deliver their service.</li> <li>• A number of key stakeholders commented that they were concerned this option would continue to mean inconsistency and in equity of practice with people who are exploring services not being aware of all options to enable them to make an informed decision (this impacts negatively on providers and the individual).</li> <li>• A number of key stakeholders commented they either did not wish to manage a Direct Payment currently or in the future and wished for the Council to take over management of this budget – this would result in an increased number of 'invoice led' provision (non-contracted).</li> <li>• A number of key stakeholders commented the price charged for a number of day services had not increased / changed in several years, however this would likely require review for a number of people based on the pressures being faced in the marketplace – historically there has not been a single point of contact or consistent mechanism to resolve this and this option would continue this, which could be detrimental to the marketplace.</li> </ul>
<p><b>Option 2: introduce rates and proportionate contracting.</b> The Council would devise and implement a clear service specification with set rates and a formal procurement, contracting and quality assurance arrangements.</p>	<ul style="list-style-type: none"> <li>• A number of key stakeholders commented they felt the introduction of contracts would be positive:             <ul style="list-style-type: none"> <li>○ Quality standards and monitoring;</li> <li>○ Clear Service Specification and Accountability;</li> <li>○ Clarity – what the offer does and does not include, meaning personal contributions are fair and equitable;</li> <li>○ All providers would be aware of future care packages and have an opportunity to respond (fair competition);</li> </ul> </li> <li>• A few stakeholders commented they were worried the introduction of contracts and different ways to buy the service would impact negatively on the autonomy and creativity of the providers and customers being able to exercise choice.</li> <li>• A number of key stakeholders told us they were worried about any procurement / tender / contract process being onerous and time consuming, which could negatively impact on the actual delivery of services.</li> <li>• A number of key stakeholders told us they would welcome the introduction of contracts as this would mean they would not need to manage a Direct Payment in future.</li> <li>• A number of key stakeholders commented they felt the introduction of set rates would be fair and equitable – and stressed the importance of these being representative of needs and sustainable.</li> </ul>

- |  |   |
|--|---|
|  | <ul style="list-style-type: none"><li>• A few key stakeholders told us they were worried the introduction of rates would mean a change in their business model.</li><li>• The majority of providers told us the suggested rates included in the survey would not deliver a safe service.</li><li>• A number of key stakeholders told us they did not feel the introduction of one rate for all people, based on the different needs of people, would work.</li><li>• A few key stakeholders told us they were worried about who would decide the amount payable / banding awarded and the timeliness of this process.</li><li>• A few key stakeholders told us introduction of a rate would mean a reduction in the number of days they could attend a service.</li><li>• The majority of key stakeholders commented that a Dynamic Purchasing System would be the preferred procurement mechanism – primarily as it would allow providers to join at any time, thus not limiting choice.</li></ul> |
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#### Appendix 4: potential ability of options for services commissioned from the independent market to meet Programme outcomes

Outcomes	Option 1: maintain the status quo	Option 2: introduce rates and proportionate contracting
To take into account the feedback received from key stakeholders to strengthen and improve opportunities to meet assessed eligible care and support needs and outcomes	No. Whilst there was some level of support for this proposal, concerns were raised about current arrangements including that the service offer is not clear, rates are not fair or equitable, and there is a lack of regulatory and quality oversight by the council.	Yes. This option had some support, although key stakeholders stressed the importance of rates being representative of needs and sustainable, and highlighted some potential risks including a reduction in customer choice, compromising the autonomy and creativity of providers, and potentially onerous processes of procurement and contracting
To ensure 'The Offer' is fair, transparent, sustainable and proportionate to meet assessed care and support eligible needs	No. There are no service specifications and services may not be consistent with people's assessed care and support eligible needs. The council would not wholly be fulfilling their statutory duties.	Yes. A clear service specification would be developed to reflect people's assessed eligible care and support needs.
To maintain and strengthen the quality of support, establishing clear contracting mechanisms, with proportionate quality monitoring / assurance	No. There are no proper contracting or quality assurance arrangements in place.	Yes. Formal arrangements for procurement, contracting and quality assurance would be put in place.
To address the difference in price paid for the provision of services, ensuring a sustainable and fair marketplace.	No. The price for services varies massively and the prices are not consistently reflective of eligible needs or care; nor are they fair and consistent in regards of people's personal contributions.	Yes. Rate/s / a form of pricing strategy would be introduced to reflect users assessed eligible care and support needs.
To support people and services to shift from community presence to genuine community inclusion	Yes. The service would continue to support people to access the community – however it is noted there are variations in current practice.	Yes. A requirement to maximise community inclusion could be written into the service specification and monitored accordingly.
To contribute towards the £3.7million savings required for the Medium Term Financial Strategy	No. Without change no savings are possible.	Yes. Savings should be possible through introducing fair and equitable rates and avoiding overpayment whilst ensuring the sustainability of the market as a whole.

## Feedback from key stakeholders about the introduction of rates and contracting

In our last round of engagement we asked key stakeholders:

Question	Response Overview
Do you agree with SCC's proposal to advise of a rate to buy day services?	<p>There was mixed feedback – the primary concern was about these rates being sustainable and designed in partnership.</p> <p>A number of key stakeholders told us it would be good to know what should and should not be included / paid for – ensuring everybody makes the same personal contributions.</p> <p>A number of key stakeholders told us it is important that the offer is fair and consistent.</p>
Do you think there should be one rate or a number of rates i.e. based on needs?	<p>The majority of key stakeholders told us they did not feel the implementation of a single rate was the right thing, based on the diversity and range of needs.</p>
Do you think here should be a set rate or reference rates (like a range)?	<p>There was mixed feedback – noting the pro's and cons of both options from different stakeholder perspectives. For example:</p> <ol style="list-style-type: none"> <li>1. Set Rates: a customer can express a greater degree of choice and control; all providers are on an equal 'footing'.</li> <li>2. Reference Rates: a provider can have a greater say in respect of ensuring they can meet needs at a sustainable cost.</li> </ol>
<p>Could a quality service be provided for the following amounts?</p> <ol style="list-style-type: none"> <li>1. Low Needs: £30 per day</li> <li>2. Medium Needs: £49 per day</li> <li>3. High Needs: £58 per day</li> </ol>	<p>The majority of key stakeholders told us they did not feel a quality service could be provided for this amount – particularly in respect to the Low Needs.</p> <p>A number of key stakeholders told us they thought the medium rate and above may deliver a quality service, dependent on the needs of the person.</p>
Do you think there any circumstances where SCC needs to pay more i.e. rural locations?	<p>There was mixed feedback in response to this question.</p> <p>Some key stakeholders thought if we got the 'rate' right in the first place, the council would not need to think about paying more.</p>

	<p>Some key stakeholders thought there might be times when we need to pay more to ensure a person receives the right support.</p>
<p>Do you think SCC should pay 51 weeks per annum?</p> <p>Do you think SCC should pay for services if somebody does not attend i.e. respite or illness?</p>	<p>There was mixed feedback in response to these questions.</p> <p>Some key stakeholders told us, regardless of when the services are open or closed or a person attends or not, the costs are proportioned over 52 weeks and so payment needs to be made to ensure businesses keep going.</p> <p>Some key stakeholders told us, there should not be a charge when the services are closed or a person cannot attend, particularly when plenty of notice has been given.</p>
<p>What pressures are you facing in the marketplace?</p>	<p>Some key stakeholders told us the predominant pressures faced are:</p> <ol style="list-style-type: none"> <li>1. National Living Wage Increases</li> <li>2. Pension Contributions</li> <li>3. Accommodation costs and associated utilities increasing (some people also told us the longevity of their accommodation wasn't always secure / known so this causes some worry).</li> </ol>
<p>Do you agree with the Council's proposal to introduce contract?</p> <p>What type of contract...</p> <ol style="list-style-type: none"> <li>1. Framework?</li> <li>2. Dynamic Purchasing System?</li> <li>3. Other?</li> </ol>	<p>The majority of key stakeholders agreed with this proposal because:</p> <ol style="list-style-type: none"> <li>1. It would promote competition</li> <li>2. People can still use a Direct Payment</li> <li>3. It can monitor quality of services</li> <li>4. Providers will have a point of contact to discuss day to day issues with – the contract could include annual increase discussions.</li> </ol> <p>The primary concern is that people still wanted to express as much choice and control as possible.</p> <p>The majority of key stakeholders told us they liked that a Dynamic Purchasing System allowed providers to join at any time.</p> <p>A number of key stakeholders told us they were worried a Framework might be a bit 'restrictive'.</p> <p>A number of key stakeholders told us it is really important any contract (and using it) needs to be clear from the outset about what is wanted and needed and not a huge / difficult task to use.</p> <p>People said they would be willing to explore a contract / system that captured the above, as much as possible.</p>



# Community Impact Assessment – Checklist and Executive Summary

**Name of Proposal:** ALD 2022 Community Offer – Day Opportunities

**Project Sponsor (if applicable):**

**Project Manager (if applicable) or Lead:** Amy Evans, Commissioning Manager

**Date:** June 2019

**Final Checklist** – Prior to submitting your Community Impact Assessment (CIA), please ensure that the actions on the checklist below have been completed, to reassure yourself/ SLT/ Cabinet that the CIA process has been undertaken appropriately.

Checklist	Action Completed (tick)	Comments/Actions
The project supports the Council's Business Plan, priorities and MTFS.	✓	£3.7 M to be achieved by the Programmed in its entirety
It is clear what the decision is or what decision is being requested.	✓	Consideration of the range of options – including evidence and feedback from programme engagement.
For decisions going to Cabinet, the CIA findings are reflected in the Cabinet Report and <b>potential impacts are clearly identified and mitigated for</b> (where possible).	✓	Information included in the report and associated appendices (as appropriate)
The <b>aims, objectives and outcomes</b> of the policy, service or project have been clearly identified.	✓	The Programme will achieve 6 outcomes
The <b>groups</b> who will be affected by the policy, service or project have been clearly identified.	✓	Please refer to the Evidence Base referenced at relevant points in the main Community Impact Assessment document
The <b>communities</b> that are likely to be more adversely impacted than others have been clearly identified.	✓	Primarily people who are eligible to receive paid care and support, alongside providers.
Engagement / consultation has been undertaken, and is representative of the residents most likely to be affected.	✓	Please see a summary in the main CIA. Engagement has been ongoing for an 18 month period.
A range of people with the appropriate knowledge and expertise have contributed to the CIA.	✓	Associated Programme members and all other key stakeholders who contributed during the course of engagement
Appropriate evidence has been provided and used to inform the development and design of the policy, service or project. This includes data, research, engagement/consultation, case studies and local knowledge.	✓	Please see Cabinet Report –As per the July 2018 cabinet approach an evidence-based options appraisal has been undertaken, including proportionate engagement.
<b>The CIA evidences how the Council has considered its statutory duties under the Equality Act 2010 and how it has considered the impacts of any change on people with protected characteristics.</b>	✓	Please see PSED section
The next steps to deliver the project have been identified.	✓	Implementation will be subject to the recommended options.

**Executive Summary** – The Executive Summary is intended to be a collation of the **key issues and findings** from the CIA and other research undertaken. This should be completed **after** the CIA and research has been completed. Please structure the summary using the headings on the left that relate to the sections in the **CIA template**. Where no major impacts have been identified, please state N/A.

	<b>Which groups will be affected?</b>	<b>Benefits</b>	<b>Risks</b>	<b>Mitigations / Recommendations</b>
<p><b>PSED</b> – What are the impacts on residents with a protected characteristic under the <b>Equality Act 2010</b>? <i>Highlight any concerns that have emerged as a result of the equality analysis on any of the protected groups and how these will be mitigated. It is important that Elected Members are fully aware of the equality duties so that they can make an informed decision and this can be supported with robust evidence.</i></p>	<p>Disability: Adults with a learning Disability and/or Autism, and carers.</p> <p>Staff employed in the Complex Needs Services (owned and operated by SCC)</p>	<p><b>All Options</b></p> <ul style="list-style-type: none"> <li>• People would receive support to meet their assessed eligible social care needs.</li> <li>• As per the Care Act, SCC would endeavour to facilitate choice / preference and personalisation where possible. This choice would not be at any cost.</li> <li>• The Programme has reviewed the current offer and would seek to ensure ‘sustainability’ of these services in future as per the option descriptor.</li> </ul>	<p><b>All Options</b></p> <ul style="list-style-type: none"> <li>• Risk of complaint and challenge.</li> <li>• People may be required to ‘change’ providers, subject to the preferred option implemented and impact on both the individual and the provider.</li> </ul> <p><b>Ind. Market Opt 1:</b></p> <ul style="list-style-type: none"> <li>• Continuation of inequity of practice, lack of transparency and no quality monitoring.</li> </ul>	<ul style="list-style-type: none"> <li>• Regular and meaningful engagement and communications about the progress of the programme, the outcomes and the impact</li> <li>• Officers are working with legal Colleagues to ensure continued adherence to policy and procedure.</li> <li>• TUPE of staff may be applicable in certain circumstances.</li> <li>• Partnership working to ensure any new ways of working are sustainable and ‘fit for purpose’.</li> </ul>
<p><b>Health and Care</b> – How will the proposal impact on residents’ health? How will the proposal impact on demand for or access to social care or health services?</p>	<p>Disability: Adults with a learning Disability and/or Autism, and carers:</p>	<p><b>All Options</b></p> <ul style="list-style-type: none"> <li>• People would receive support to meet their assessed eligible social care needs – this would include the</li> </ul>	<p><b>All Options</b></p> <ul style="list-style-type: none"> <li>• Risk of complaint and challenge.</li> <li>• People may be required to ‘change’ providers, subject to the preferred</li> </ul>	<ul style="list-style-type: none"> <li>• Regular and meaningful engagement and communications about the progress of the programme, the</li> </ul>

	<p>Mental Health &amp; Wellbeing</p> <p>Healthy Lifestyles</p> <p>Access to Social Care</p> <p>Independent Living</p> <p>Safeguarding</p>	<p>consideration of personalised outcomes.</p> <ul style="list-style-type: none"> <li>As per the Care Act, SCC would endeavour to facilitate choice / preference and personalisation where possible. This choice would not be at any cost.</li> </ul> <p><b>Ind. Market Opt 2:</b></p> <ul style="list-style-type: none"> <li>Introduction of contractual arrangements, including quality monitoring</li> </ul>	<p>option implemented and impact on both the individual and the provider.</p>	<p>outcomes and the impact</p> <ul style="list-style-type: none"> <li>Officers are working with legal Colleagues to ensure continued adherence to policy and procedure.</li> <li>TUPE of staff may be applicable in certain circumstances.</li> <li>Partnership working to ensure any new ways of working are sustainable and 'fit for purpose'.</li> </ul>
<p><b>Economy</b> – How will the proposal impact on the economy of Staffordshire or impact on the income of Staffordshire's residents?</p>	<p>SCC Complex Needs staff &amp; Ind. Marketplace:</p> <p>Economic Growth</p> <p>Workplace</p> <p>Access to jobs</p>	<p><b>All Options</b></p> <ul style="list-style-type: none"> <li>The Programme would undertake (and keep updated) a needs / demand profile to support the marketplace.</li> <li>SCC would clarify its position in respect of complex needs – aiding both the internal workforce and shaping the independent marketplace.</li> </ul> <p><b>Ind. Market Opt 2</b></p> <ul style="list-style-type: none"> <li>The Programme would introduce a fair and competitive process</li> </ul>	<p><b>Ind. Market Opt 1</b></p> <ul style="list-style-type: none"> <li>Continuation in current inequity of practice and process.</li> </ul> <p><b>Ind. Market Opt 2</b></p> <ul style="list-style-type: none"> <li>Providers have expressed concerns the rates may not be sufficient / sustainable and will impact on numbers attending, including through reduction of 'choice'.</li> </ul>	<ul style="list-style-type: none"> <li>Regular and meaningful engagement and communications about the progress of the programme, the outcomes and the impact</li> <li>Officers are working with legal Colleagues to ensure continued adherence to policy and procedure.</li> <li>TUPE of staff may be applicable in certain circumstances.</li> <li>Partnership working to ensure any new ways of working are</li> </ul>

		(with supporting contractual arrangements), including rates payable, thus helping providers with their business plan.		sustainable and 'fit for purpose'.
<b>Environment</b> – How will the proposal impact on the physical environment of Staffordshire?	All key stakeholders:  Transport	<p><b>All Options:</b></p> <ul style="list-style-type: none"> <li>The Programme would encourage consideration of a range of transport options and solutions.</li> </ul> <p><b>All Complex Needs Opt &amp; Ind. Market Opt 2</b></p> <ul style="list-style-type: none"> <li>People would receive support to meet their assessed eligible social care needs – including the provision of transport (where eligible).</li> </ul> <p><b>Ind. Market 2:</b></p> <ul style="list-style-type: none"> <li>SCC would calculate the cost of transport separately from care and support for eligible persons.</li> </ul> <p>People not eligible to receive support with transport would be entitled to enter into a private arrangement with the Provider.</p>	<p><b>All Complex Needs Opt &amp; Ind. Market Opt 2</b></p> <ul style="list-style-type: none"> <li>Risk of challenge and complaint.</li> </ul> <p><b>Ind. Market Opt 2:</b></p> <ul style="list-style-type: none"> <li>Providers would potentially make a financial loss in respect of transport.</li> <li>People have expressed concerns in respect of affordability / loss of transport negatively impacting on them.</li> </ul>	<ul style="list-style-type: none"> <li>Regular and meaningful engagement and communications about the progress of the programme, the outcomes and the impact</li> <li>Officers are working with legal Colleagues to ensure continued adherence to policy and procedure.</li> <li>Partnership working to ensure any new ways of working are sustainable and 'fit for purpose'.</li> </ul>

<p><b>Localities / Communities –</b> How will the proposal impact on Staffordshire's communities?</p>	<p>All key stakeholders:</p> <p>Community Development/ Capacity</p> <p>Leisure and Culture</p> <p>Volunteering</p> <p>Rural Communities</p>	<p><b>All options:</b></p> <ul style="list-style-type: none"> <li>• SCC can seek to stimulate and build community capacity through specifications.</li> <li>• The provision of day opportunities would support and enable people to explore meaningful opportunities.</li> </ul> <p><b>Ind. Market Opt 2:</b></p> <ul style="list-style-type: none"> <li>• Consideration would be given to the payment of enhanced rates to providers to provide support to people living in rural communities may enhance the local offer</li> </ul>	<p><b>All Opts:</b></p> <ul style="list-style-type: none"> <li>• Previous iterations of the 'Modernisation' Programme have failed to sufficiently develop and maintain community capacity.</li> <li>• There are concerns local opportunities are not accessible without support and not inclusive.</li> </ul> <p><b>Ind. Market Opt 2:</b></p> <ul style="list-style-type: none"> <li>• Regardless of the payment of enhanced rates, Providers may opt not to service hard to reach / rural areas.</li> </ul>	<ul style="list-style-type: none"> <li>• Regular and meaningful engagement and communications about the progress of the programme, the outcomes and the impact – inc. with voluntary, third sector and community organisations.</li> </ul>
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